Rec'd PCT/PTO

As a below named inventor, I hereby declare that: my residence post office address and



PLEASE NOTE: YOU MEST COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.

ě 🛡		citizenship are as stated ne inventor (if only one inven	xt to my name; that I verily	y believe that I am the ori	ginal, first and sole ventors are named				
nsert Title	•	below) of the subject matte	er which is claimed and fo LL COATING	or which a patent is sough	nt on the invention				
Check Box If Appropriate —				6.11 6.11	- i- sheeleed:				
For Use Witho Specification	est	the specification of which							
Attached		The Specification was filed on and was assigned Serial No and was amended on							
		was filed as PCT 06/17/2003	international application number and was amended under P	mber <u>PCT/EP2003/0063</u> !	<u>58</u> on				
		(if applicable).	•						
		I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.							
, :		I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.							
		I do not know and do	not believe the same was	ever known or used in th	e United States of				
-		America before my or our i	nvention thereof, of patent our invention thereof, or m	ore than one year prior t	o this application,				
	٠.	that the same was not in pu	ublic use or on sale in the U	nited States of America r	nore than one year				
		prior to this application.	that the invention has not	t been patented or made	the subject of an				
•	٠	inventor's certificate issued	before the date of this appl	lication in any country for	reign to the United				
		States of America on an ap twelve months (six months	oplication filed by me or m	y legal representatives or plication, and that no and	dication for patent				
	× .	or inventor's certificate on	this invention has been filed	i in any country foreign to	the United States				
		of America prior to this app	olication by me or my legal	representatives or assigns	, except as follows:				
		I hereby claim foreign	priority benefits under Title	e 35. United States Code,	§119 of any foreign				
,		application(s) for patent of	r inventor's certificate liste	d below:	•				
		Prior Foreign Application(s)			Priority Claimed				
		102 33 968.6	Germany	07/25/2002					
mert Priority Mormstics if appropriate)		(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
			(Country)	(Month/Day/Year Filed)	. D D				
<i>(</i>		(Number)	(Country)	(World) Day Ital I may					
		(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
		·			Yes No				
		(Number)	(Country)	(Month/Day/Year Filed)	_				
				(Month/Dou/Veer Filed)	Yes No				
		(Number) (County) (Month, Day, 1821 1825)							
		All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application:							
		Country	Application No.	Date of Fili	Date of Filing (Month/Day/Year)				
									
									
		I hereby claim the be	enefit under Title 35, Unit	ed States Code, §120. of	any United States				
		application(s) listed below	and, insofar as the subject r	natter of each of the claim	is of this application				
		is not disclosed in the prior	United States application	in the manner provided by	y the first paragraph				
	-	of Title 35, United States	Code, §112, I acknowledge	the duty to disclose mate	en the filing date of				
		defined in Title 37, Code of	if Federal Regulations, §1.3 the national or PCT international	oo walca occurred between this of this	application:				
		the prior application and t	HE HALIOHAI OF FCT INTERNA	recount times date of time	-FF				
		(Application Serial No.)	(Filing Date)	(Status — pate	(Status — patented, pending, abandoned)				
		(A - Usasia - Carist Max)	(Filing Date)	(Status - nate	nted, pending, abandoned)				
		(Application Serial No.)	(Linux Date)	(Siatus pate	F				

(Application Serial No.)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Vincent L. Ramik - Registration No. 20,663

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING: Send Correspondence to: DILLER, RAMIK & WIGHT, P.C.

Merrion Square Suite 101 7345 McWhorter Place Annandale, Virginia 22003 Telephone (703) 642-5705

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

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full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE			
Inventor: naert Name of Inventor insert Date This	Kilian	BOTT						
Document Is Signed insert Residence Insert Citizenship	RESIDENCE (Gity, State & Country)		CITIZENSHIP					
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nsert Post Office	POST OFFICE ADDRESS (Complete Street Address including City. State & Country) Rhönstrasse 40, 97653 Bischofsheim, Germany							
**	Rhönstras	se 40, 97653 Bi	<u>schoisheim, Geri</u>	nany	T. 2.75			
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	•	DATE			
see above	Thomas	SKORKA						
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Full Name of Third Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
see above			<u> </u>		<u> </u>			
	RESIDENCE (City, State	& Country)	CITIZENSHIP					
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			•	·			
Full Name of Fourth inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
see above								
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	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
·								
Full Name of Fifth- Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	·.	DATE			
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*Note: Must be completed — date this document is				<u> </u>				
signed.	POST OFFICE ADDR	ESS (Complete Street Address including	City, State & Country)					